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Local Infiltration Analgesia (LIA)

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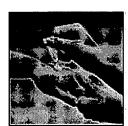
EMLA

emla

How to use EMLA Cream

Precautions

- 1. Do not apply near eyes or open wounds.
- 2. Keep out of reach of children



Applying

In adults, prior to procedure, squeeze out a dollop of EMLA Cream (1/2 of a 5-g tube) directly onto the skin. EMLA Cream may be left in place for up to 3 hours without diminishing its effectiveness. For pediatric patients, apply ONLY as prescribed by a physician. Do not rub the cream into the skin.



Coverina

Peel the paper lining from the occlusive dressing and cover the cream (unless treating genital mucosa). When treating large areas with cream, the area can be wrapped in plastic cling film.

Seal edges only, ensuring that there is no leakage. Be sure to allow EMLA Cream to remain in a thick layer.



Timing

Smooth down the edges of the dressing securely and then remove the paper frame.

Make certain EMLA Cream remains undisturbed. In young children, care should be taken to prevent ingestion of EMLA Cream or the occlusive dressing.



Removing

Record the time of application on the dressing.

After the correct application time, remove the cream and clean the entire area. For leg ulcer and genital mucosal procedures, treatment should commence immediately after the removal of the cream.

EMLA Cream (lidocaine 2.5% and prilocaine 2.5%) is indicated as topical anesthetics for use on normal intact skin for local analgesia (pain relief). EMLA is contraindicated in patients with a known history of sensitivity to local anesthetics of the amide type or any other component of the product. EMLA is indicated for genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia. EMLA can be used on infants with a gestational age of 37 weeks or more. If EMLA is left on the skin for longer times or applied over larger skin areas than recommended by a physician, serious side effects, such as methemoglobinemia, may occur. In patients treated with EMLA in clinical studies, the percentage of patients in which local effects at the application site were observed included: skin paleness (pallor or blanching) 37%, redness 30%, a changed ability to feel hot or cold 7%, swelling 6%, itching 2%, and rash, less than 1%. These mild side effects generally went away by themselves within 1 or 2 hours.



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- 14th World Congress of Anaesthesia
 2-7 March 2008 Cape Town, South Africa
- Eighth Euro PNB Crans-Montana 17-19 January 2008 Switzerland

